11/18/2009 17:42 FAX 301 948 3220

DELEON & STANG

2005/005

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung. benefit trust or private foundation)

2008

	al Revenue Serv	The organization may have to use a copy of this return to satisfy state re	bottang Ledrille		MINSPECTION
	of the 2008 on	and ending grid end ready year beginning	<u> </u>	D. Forder	ver identification numbe
_	hack if applicables	Please C Name of organization use IRS Ambulatory Surgery Foundation		D Employ	Aet statinites from uniume
_] &	ddress change	sbal of	<u> </u>	86-	0307698
X	lama ch anga	prior or Doing Business As	Roomhuite	E Telephy	
Inf	ililai ratum	type. Number and greet (or F.O. box if neal is not delivered to street address) 1012 Cameron Street	PAPER STATE		-836-8808
ቯ፣	erminasion	Specific Character and TR + 4		G Gross rece	otas 3,129,53
≍	mendeó return	tione Alexandria VA 22314			
=		F Name and address of principal officer:		H(a) Is this a	group return for
_) ^	Abilication beauting	Rathy Bryant	,	emine	
		1012 Cameron Street		H(b) Are all include	d? 193
		Alexandria VA 22314		ti "Na,"	ettach a list. (see Instructions)
	Tex-exempt statt	a: 区 501(e) (3) ◀ (insert no.) 4847(e)(1) or 527		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		www.ascassociation.org	at of formation 2		exemption number Ni Same of lega domictie:
1000000	CD20 000 000 000 000 000 000 000 000 000	EX Corporation Trees Asserting Other ► L Ye	ST OF TOTAL STATE	,,, ,,	ar deno di aga camanor -
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	TO	escribe the organization's mission of most significant activities: PROVIDE EDUCATION AND RESEARCH REGARDING HIGH-QUALITY IT.A TORY STREERY	, COST-E	FEECTIV	Z
	AMB	LATORY SURGERY.	•••••		
<u>ڇ</u> ا					
Activilles & Governance		is box 🕨 🔲 If the organization discontinued its operations or disposed of more than 2			•
.5		of voting members of the governing body (Part VI, line 1a)			8
흥		of independent voting members of the governing body (Part VI, line 1b)		1 - 1	36
\$		mber of employees (Part V, line 2a)	· · · · · · · · · · · · · · · · · · ·	B	130 .
4	6 Total nu	mber of volunteers (estimate if necessary) ss unrelated business revenue from Part VIII, line 12, column (C)	••••••	72	
	h Netime	lated business taxable income from Form 990-Time 34		76	
_			Prior Y	er i	Current Year
DILO	8 Contribu	tions and grants (Part VIII, line 1h)			0 504 1
Revenue				0,073	2,764,1
₫]	10 investm	ent Income (Part VIII, column (A), lines \$, 4, [and 7d)		3,951 8,291	34,2 331,1
_	11 Othern	venue (Part VIII, column (A), lines £, 6d, 8c, 9c-10c, and 11e)		2,315	3,129,5
\dashv	12 Otal re	renue—add lines 6 through 11 (must equal Pakt-VIII/oblumn (A), line 12) Ind similer amounts paid (Part IX, oblumn (A), lines 1-3)			
		pald to or for members (Part IX, column (A), line 4)			
_		other compensation, employee benefits (Part IX, column (A), lines 5-10)	62	6,415	765,2
Екрепаев	E .	onal fundraising fees (Part IX, column (A). Ilna 11e)			
a		idraising expenses (Part IX, column (D), line 25)	The state of the s	a male constant	
<u> </u>	17 Other e	penses (Pert IX, column (A), lines 11a-11d, 11f-24f)		1,807	2,097,6
.	18 Total ex	penses, Add lines 13-17 (must equal Part IX, column (A), fine 25)		8,222	2,862,9
- 1	19 Revenu	a less expenses, Subtract line 18 from line 12	Beginning	5,907	266,5 End of Year
	12 112 112				
10 07	20 Total as	rate (Part Y line 16)			3,791,2
Assetts or Balences	20 Total as	sets (Part X, line 16)	3,30	4,919 4,453	
Net Assets or and Balmess	20 Total as 21 Total lis 22 Net ass	bilities (Part X, line 26)	3,30	4,919	1,294,1
Net Assetts or	20 Total as 21 Total lis 22 Net ass	Mark officers and the second	3,30	4,919 4,453	1,294,1
Net Assets or	20 Total as 21 Total lis 22 Net ass	bilides (Part X, line 26) ets or fund balances, Subtract line 21 from line 20 ignature Block	3,30 1,07 2,23	4,919 4,453 0,466	1,294,1 2,497,0
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Sig	20 Total as 21 Total is 22 Net ass 22 Net ass	bilides (Part X, line 26) ets or fund balances. Subtract line 21 from line 20 ignature Block identification of person, i declare that I have grammed this return, including accompanying schedules and better, it is true, corect, and complete. Designation of preparer (other than officer) is based on all inform	3,30 1,07 2,23	14,919 14,453 10,466 d to the best eparer has ar	1,294,1 2,497,0 of my knowledge ny knowledge
	20 Total as 21 Total is 22 Net ass 22 Net ass	ets or fund balances. Subtract fine 21 from line 20 ignature Block der penantes of perjury, I déclare that I have examined this return, including accompanying schedulos and belief, it is true, correct, and complete. Destafation of preparer (other than officer) is based on all inform	3,30 1,07 2,23	4,919 4,453 0,466	1,294,1 2,497,0 of my knowledge ny knowledge
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Sig	20 Total as 21 Total is 22 Net ass 22 Net ass	bilities (Part X, line 26) ets or fund balances. Subtract line 21 from line 20 ignature Block ignature Block ignature block ignature block, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all inform Signature of officer Type or print name and title	3,30 1,07 2,23 d statements, an	04,919 14,453 80,466 d to the best eparer has ar	1,294,1 2,497,0 of my knowledge by knowledge.
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AMBU7698 11/16/2009 6 54 PM

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 Open to Public Inspection

Pease All American Ambulatory Surgery Foundation D Employer identification number Ambulatory Surgery Foundation 86-0307698	<u>A</u>	For the 200	8 calendar ye	ar, or tax year beginning , and ending					
bask or bright	В	Check if applica		C Name of organization	D Emp	oyer Identification number			
Interest earning Interest canding Interest ca		Address chang	e I	Ambulatory Surgery Foundation					
International members of the property of the	X	Name change		Doing Business As	86	-0307698			
Temeston Aprendition Application products Application products Application products Application products Application products Alexandria VA 22314 M(a) is this a group station M(a) is this a group station M(b) is the agroup station M(b) M(b) is the agroup station M(b)	Ħ	ū		Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telep	hone number			
Instruction Chryot from, stated or country, and 26° 4 VA 22314 VB 223	H			1012 Cameron Street	70:	3-836-8808			
Napitation pending	Ц	Termination	1 '		G Gross red	ceipts 3,129,531			
Tax-enempt statuse Alexandria Vas Alexandri		Amended return	n ti o ns .	Alexandria VA 22314					
Tarsesenge status	\Box	Application per	nding F Name	and address of pnncipal officer	H(a) Is the	s a group return for			
Tax-assempt status		,				ites? Yes X No			
Teaching status Sotio 3 4 (finestino) 4947(a)(1) or 527				•	H(D) Are a	ded? Yes No			
WebStein: WWW.ascaspoone Total Association.org Logopamical part Note Logopamical part Logopa	_				If "No	o,* attach a list (see instructions)			
K Tope drogspaces Tops Association Tops Association One Note L Vecerat formation 200.6 M State of legical demons AZ	\perp	Tax-exempt			ĺ				
The property of the property	<u>J</u>								
Briefly describe the organization's massion or most significant activities TO PROVIDE EDUCATION AND RESEARCH REGARDING HIGH-QUALITY, COST-EFFECTIVE AMBULATORY SURGERY. 2 Check this box	******			· · · · · · · · · · · · · · · · · · ·	006	M State of legal domicile AZ			
TO PROVIDE EDUCATION AND RESEARCH REGARDING HIGH-QUALITY, COST-EFFECTIVE AMBUILATORY SURGERY. 2 Check this box		_							
AMBULATORY SURGERY. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its assests 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of ovoluniters of the governing body (Part VI, line 1b) 5 Total number of ovoluniters (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a		1	-	· · · · · · · · · · · · · · · · · · ·	•				
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Ta Total gross unrelated business revenue from Part VIII, line 12, column (C)	nan	, A	MBULATOR	Y SURGERY.	•				
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Ta Total gross unrelated business revenue from Part VIII, line 12, column (C)	ŝ	2 Che				۱ ۵			
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Ta Total gross unrelated business revenue from Part VIII, line 12, column (C) b Net unrelated business taxable income from Form 990-T, line 34 8 Contributions and grants (Part VIII, line 1h) 9 Priogram service revenue (Part VIII, line 1g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 6c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses Add lines 13-17 (must equal Part VIII, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total labilities (Part X, line 26) 21 Total labilities (Part X, line 26) 19 Signature Block 10 Date 10 Date 11 Signature Block 11 Date (Check if septiment) and title 12 Preparer's identifying number (see instruction of preparer (other fran officer) is based on all information of which preparer has any knowledge 11 Total expenses Add and balances Subtract line 2 Stang, CPA is signature and title 12 Signature of officer 13 Signature of officer 14 Date (Check if septiment) and title 15 Preparer's identifying number (see instruction of preparer (other fran officer) is based on all information of which preparer has any knowledge 15 Signature of officer 16 Signature of officer 17 Signature of officer 18 Total expenses and 2P+4 18 Total expenses and 2P+4 18 Total expens	ij	4 Num							
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Recomplete Rec			•						
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 1,820,073 2,769,090 1,820,073 2,769,090 1,820,073 2,769,090 13,951 34,214 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 13,951 34,214 408,291 326,227 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,242,315 3,129,531 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 626,415 765,259 16 Professional fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 1,721,807 2,997,673 2,348,222 2,862,933 19 Revenue less expenses Subtract line 18 from line 12 1,721,807 2,348,222 2,862,933 19 Revenue less expenses Subtract line 18 from line 12 1,721,807 2,348,222 2,862,933 19 Revenue less expenses Subtract line 18 from line 12 1,721,807 2,348,222 2,862,933 19 Revenue less expenses Subtract line 18 from line 12 1,721,807 2,348,222 2,862,933 19 1,721,807 2,665,599 10 1,744,453 1,294,199	_	D MEL	umeiated bu						
9	_	8 Con	tributions and		!	Tanone 1001			
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12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	ď	11 Othe							
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) 18 Total fundraising expenses (Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total flabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Net assets or fund balances Subtract line 21 from line 20 24 Let a seed of floor penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge Part II Signature Block Part II Signature Block Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Preparer's gignature Allen P. DeLeon, CPA Preparer's gignature Allen P. DeLeon, CPA Preparer's dentifying number (see instructions) Date Preparer's dentifying number (see instructions) Date Proparer's dentifying number (see instructions) Date On Lakeforest Blvd Ste 650 Gaithersburg, MD 20877-2609 May the IRS discuss this return with the preparer shown above? (see instructions)		12 Tota	l revenue—a	dd lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,242	2,315				
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (A), line 11e) b Total expenses (Part IX, column (A), lines 13-17 (must equal Part IX, column (A), line 25) 18 Revenue less expenses Subtract line 18 from line 12 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Net assets or fund balances Subtract line 21 from line 20 24 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Preparer's signature Allen P. DeLeon, CPA Date Date Preparer's dentifying number (see instructions) Preparer's dentifying number (see instructions) Preparer's dentifying number (see instructions) Preparer's dentifying number (see instructions) Preparer's dentifying number (see instructions) Preparer's dentifying number (see instructions) Preparer's dentifying number (see instructions) Preparer's dentifying number (see instructions) Preparer's dentifying number (see instructions) Preparer's dentifying number (see instructions) Preparer's dentifying number (see instructions) Preparer's dentifying number (see instructions) Preparer's dentifying number (see instructions) Preparer's dentifying number (see instructions) Preparer's dentifying number (see instructions) Preparer's dentifying number (see instructions) Preparer's dentifying number (see instructions) Preparer's dentifying number (see instructions) Preparer's dentifying number (see		1		· · · · · · · · · · · · · · · · · · ·					
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17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Preparer's signature Paid Preparer's signature Allen P. DeLeon, CPA Date Type or print name and title Preparer's signature Allen P. DeLeon, CPA Date Type or print name (or yours if self-employed), address, and ZIP + 4 Gaithersburg, MD 20877-2609 May the IRS discuss this return with the preparer shown above? (see instructions) Yes No	nse	16a Prof	essional fund	raising fees (Part IX, column (A), line 11e)					
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19 Revenue less expenses Subtract line 18 from line 12 -105,907 266,599	ú	17 Othe	er expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,72	1,807	2,097,673			
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Sign Here Check if Signature Block		19 Reve	enue less ex						
Sign Here Check if self-employed), address, and ZIP + 4 Date Order or Signature Block	18 0								
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer		22 Net			7,400	2,497,005			
Sign Here Signature of officer Date	_	E4 1 11				-6 l			
Here Signature of officer Type or print name and title Paid Preparer's signature Allen P. DeLeon, CPA Preparer's Use Only Firm's name (or yours if self-employed), address, and ZIP + 4 May the IRS discuss this return with the preparer shown above? (see instructions) Date Check if self-employed Date Preparer's identifying number (see instructions) P00256516 Preparer's Date Check if self-employed Date D			and belief, it	s true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which prej	o the best o	ny knowledge			
Here Signature of officer Type or print name and title Paid Preparer's signature Allen P. DeLeon, CPA Preparer's Use Only Firm's name (or yours if self-employed), address, and ZIP + 4 May the IRS discuss this return with the preparer shown above? (see instructions) Date Check if self-employed Date Preparer's identifying number (see instructions) P00256516 Preparer's Date Check if self-employed Date D	Sic	an I	L		1				
Paid Preparer's Signature Allen P. DeLeon, CPA Deleon & Stang, CPA's In self-employed, address, and ZIP + 4 Deleon & Stang, MD 20877-2609 May the IRS discuss this return with the preparer shown above? (see instructions) Date Check if self-employed in the preparer's dentifying number (see instructions) Preparer's identifying number (see instructions) P00256516 EIN ► 52-1373858 Phone no ► 301-948-9825		-	Signatur	e of officer	Date				
Paid Preparer's signature Allen P. DeLeon, CPA Date 11/16/09 Self- employed Firm's name (or yours if self-employed), address, and ZIP + 4 Deleon & Stang, CPA's Self-employed, address, and ZIP + 4 Too Lakeforest Blvd Ste 650 Self-employed, address, and ZIP + 4 Gaithersburg, MD 20877-2609 Phone no ▶ 301-948-9825 May the IRS discuss this return with the preparer shown above? (see instructions)			L Organization		Date				
Preparer's signature Allen P. DeLeon, CPA 11/16/09 Proparer's signature Allen P. DeLeon, CPA 11/16/09 Proparer's Use Only Proparer's Use Only Proparer's Use Only Proparer's Use Only Proparer's Signature Allen P. DeLeon, CPA 11/16/09 Proparer's Proparer's No Proparer's Signature Allen P. DeLeon, CPA 11/16/09 Proparer's Proparer's Signature Allen P. DeLeon, CPA 11/16/09 Proparer's Proparer's Signature Allen P. DeLeon, CPA 11/16/09 Proparer's Signature Allen P. DeLeon, CPA			Type or	print name and title	-				
Paid Preparer's Use Only Paid Preparer's Firm's name (or yours if self-employed), address, and ZIP + 4 Gaithersburg, MD 20877-2609 Allen P. DeLeon, CPA 11/16/09 Self-employed P00256516 P00256516									
Use Only			•	self-		(see instructions)			
May the IRS discuss this return with the preparer shown above? (see instructions) 100 Lakeforest Blvd Ste 650 Gaithersburg, MD 20877-2609 Phone no ▶ 301-948-9825		•		Deleon & Stang CPA's					
	Us	e Only			1	<i>y</i> 32 1373030			
May the IRS discuss this return with the preparer shown above? (see instructions)						301-948-9825			
	Ma	v the IRS di		Caronerssary, in 2007, 2009	_ no ▶				
					-				

Form 990 (2008)	Ambulatory Sur	gery Foun	dation	86-030769	8		Page 2
	Statement of Program S		plishments (see ins	structions)			
TO PROV	ribe the organization's mission' IDE EDUCATION A CORY SURGERY.		CH REGARDING	HIGH-OUAL	TY, COST-E	FECTIVE	
A DOLLAI	;						••
	anızation undertake any signifi	cant program servi	ces dunng the year which	were not listed on			
•	rm 990 or 990-EZ? scribe these new services on \$	 Schedule O.				Yes	X No
3 Did the organization services?	anization cease conducting, or	make significant c	hanges in how it conducts	s, any program		Yes	X No
	scribe these changes on Sche				•		ب
Section 501	e exempt purpose achievement (c)(3) and 501(c)(4) organizate to others, the total expenses, a	ions and section 4	947(a)(1) trusts are require	ed to report the amou			
OPPORTU POLICY MEETING RESEARC SURGERY RESOURC)(Expenses \$ CORY SURGERY FOUNITIES FOR AMBUMAKERS AND THE BOOK AND TH	INDATION INTERPOLICATION OF TOPICS FOUNDATION HIGH-QUALI	RGERY CENTER ROUGH ANNUAL ONS. IT ALSO IMPORTANT TO WORKS TO PROTY TY CARE, INCL	PROFESSION CONDUCTS O AMBULATOR OVIDE ASCS	RY		
		. 2011111		•			
4b (Code) (Expenses \$		including grants of \$) (Revenue \$)
							٠
			•				
				•		•	
				•			
				•	•		
,		•					
							•
4c (Code) (Expenses \$	·	including grants of \$) (Revenue \$)
	·	•					
		· · · ·					
4d Other progr (Expenses	ram services (Describe in Sch	edule O) including grants o	of S) (Revenue \$		\	· ———
	ram service expenses 🕨 \$			rt IX, Line 25, column	ı (B))		
		_				Form 99	0 (2008)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
_	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	1		
_	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		<u> </u>
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			l
_	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			٦,
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			٠,,
40	complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	_10_		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,		v	
12	Parts VI, VII, VIII, IX, or X as applicable Did the organization receive an audited financial statement for the year for which it is complete at this cature.	11_	X	<u> </u>
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	40	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12		х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	13		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14a		
-	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	145		
-	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	<u>. </u>		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		x
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b–24d and complete Schedule K If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception?	24b	_	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
_	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b	-	<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	_26_		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			v
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<u> </u>

_P	art IV Checklist of Required Schedules (continued)			_
		-	Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:	l l		i
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			ĺ
	employee), or an indirect business relationship through ownership of more than 35% in another entity			ĺ
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,	ļ		1
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			ĺ
	complete Schedule L, Part IV	28b	X	ĺ
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			ĺ
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	_ 34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			1
	organization? If "Yes," complete Schedule R, Part V, line 2	_36	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	Ì	\	ĺ
	VI	37		X

Form 990 (2008)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0]		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	L
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 36] 1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see]		
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this retum?	3a_		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, secunties account, or other financial			
	account)?	4a_		X
b	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			İ
	Regarding Prohibited Tax Shelter Transaction?	5c_		<u> </u>
6a	Did the organization solicit any contributions that were not tax deductible?	6a_		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	ļ	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	'		
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than			
	\$75°	7a_		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c_		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
9	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	. :		
	benefit contract?	7e_		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			.
_	required?	7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			x
	organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			v
a	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		-
10	Section 501(c)(7) organizations. Enter	1		1
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
b	· · · · · · · · · · · · · · · · · · ·	1		
11	Section 501(c)(12) organizations. Enter Grass prome from members or shareholders			
a	Gross income from members or shareholders Cross income from other sources (Do not net amounts due or paid to other sources accounts)	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ĺ
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120		
_ь	ii 166, once the amount of tax-exempt interest received of accided during the year [120]	<u> </u>	000	(2000)

Form 990 (2008) Ambulatory Surgery Foundation 86-0307698

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No.
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 8	4	1	
þ	Enter the number of voting members that are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		1	
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3_	<u> </u>	<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X	
6	Does the organization have members or stockholders?	6_		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following		l	
а	The governing body?	8a_	X	l
ь	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9ь	}	l
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		x
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	l	х
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
-	rise to conflicts?	12b		х
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	·		
Ŭ	describe in Schedule O how this is done	12c		х
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	1		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	•		
а	The organization's CEO, Executive Director, or top management official?	15a	x	
a b	Other officers or key employees of the organization?	15b	-	x
D	Describe the process in Schedule O. (see instructions)	130		- <u></u> -
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVa	with a taxable entity during the year?	16a	Ī	x
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	100	-	
ь	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
		16b	Ì	1
500	the organization's exempt status with respect to such arrangements? tion C. Disclosure	מפון		L
_				
17	List the states with which a copy of this Form 990 is required to be filled None Section 6104 requires an exposuration to make its Form 1022 (as 1024 if applicable), 900, and 900 T (501(a)/2); policy			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ► KATHY BRYANT 1012 Cameron Street			~~~
_A.	Lexandria VA 22314-2427 70	<u>3-83</u>	6-8	<u>808</u>

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees; highest compensated employees; and former such persons

	rganization did not comper	sate	any			lirecto	or, tr	rustee, or key employee. (D)	(E)	
(A)	(B) Average	Posi	tion (c		C) call th	nat app	(F) Estimated			
Name and Title	hours oer		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
KATHY BRYANT					-			-		
PRESIDENT	33	X			X	oxed		108,734	0	0
DICK HANLEY										
DIRECTOR	2	X						0	0	0
JOVANNA R. I	EE, CASC						i			
V.CHAIR	2	X		X	<u> </u>	$\sqcup \bot$		0	0	0
	NCHCOMB, CASC									
SEC/TREASURE	3	X		X				0	0	0
	S-FITZGERALD,		AS							
EX-OFFCIO	<u> </u>	X	$oxed{oxed}$	X		\sqcup		0	0	0
DAVID SHAPIR										_
CHAIR	11	X	<u> </u>		<u> </u>			0	0	0
ANN GEIER, CA								_	_	
DIRECTOR	11	X	 		<u> </u>	-		0	0	0
SARAH MARTIN										
DIRECTOR	11	X	\vdash					0	0	0
MARGARET ORM			1 1			\ \ \				
DIRECTOR	1	X	Ш			\vdash		0	0	0
ARNALDO VALE	l									•
DIRECTOR	1	X	H		-	$\vdash +$		0	0	0
		_								<u> </u>
·										
										-
		-					-			
		-			_	$\mid \cdot \mid$				
		_					_			

Form **990** (2008)

Part VII Section A	. Officers, Directors, Trus	tees	, Ke	y En	plo	yees	, an	d Highest Compensated E	mployees (continued)				
(A)	(B)	D	N (C)		-4.3	(D)	(E)		(F)		
Name and title	Average hours per week	or director	_	Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		of ation ne tion	
					_								
			_	_		_						_	
					_								
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			_			_							
			_		_								
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			 	L						 			
· ·			_			-							
							Ļ	100 534					
1b Total							<u></u>	108,734		Ĺ			
2 Total number of indi organization ▶ 1	viduals (including those in	1a) w 	vno r	recei	vea 	more	tha	an \$100,000 in reportable co	ompensation from the				
3 Did the organization	list any former officer, dire	ector	or tr	uste	e. ke	v em	volar	yee, or highest compensate	d	ſ	\dashv	Yes	No
employee on line 1a 4 For any individual lis	? If "Yes," complete Sched sted on line 1a, is the sum of	ule J of rep	for s	such ble d	ındı amoo	vidua ens	al atior	n and other compensation fi	rom	-	3		<u> </u>
ındıvıdual								s," complete Schedule J for .		ļ	4]	x
services rendered to	the organization? If "Yes,"							y unrelated organization for such person			5		<u>x</u>
	for your five highest compe	nsat	ed ir	ndep	ende	ent c	ontra	actors that received more th	nan \$100,000 of				
compensation from	(A) Name and business address			_				Descrip	(B) tion of services		Con	(C)	
CAL Entertainm				-	116	93	Sa	n Vincente Blvd.			_		
Los Angeles	CA	. 9	00	<u>49</u>			F	Ent speaker sv	re			101	,500
				_								_	
				_			<u> </u>						
												.,	
2 Total number of inde		dıng	thos	e in	1) w	ho re	eceiv	ved more than \$100,000 in			1		

Part \	/III Statement of Revenue	1 ounda		80-0307098	· · · · · ·	Page 9
			(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under sections
				revenue	revenue	512, 513, or 514
= = = :	Federated campaigns 1a					
E go	o'Membership dues 1b			1		
a ts	Fundraising events 1c			1		
igia o	Related organizations 1d			1		
S.E	Government grants (contributions) 1e					
5 2	f All other contributions, gifts, grants,			1		
혈影	and similar amounts not included above	1		1		
age of	Noncash contributions included in lines 1a-1f \$			1		
Se F	Total. Add lines 1a–1f	•		1		
9		Busn. Code			· · · · · · · · · · · · · · · · · · ·	
Program Service Revenue	ANNUAL MEETING		2,386,624	2,386,624		
ا يُو			244,908	244,908	· -	
. <u>8</u> 3	•		132,632	132,632		T
S S			4,926	4,926		-
E .	· · · · · · · · · · · · · · · · · · ·		1,52	4,520		+
g g	f All other program service revenue					
E .	Total. Add lines 2a–2f	—	2,769,090		***************************************	
3			2,709,090			
ľ	other similar amounts)	st, and	24 214			
4	Income from investment of tax-exempt bond pr		34,214			34,214
	•	oceeds				
5	Royalties	. •				
		Personal		į		
6a						
b	' 			1		
C	Rental inc or (loss)			ŧ		
d 7a	Gross amount from	<u> </u>				
'	sales of assets (i) Securities (ii)	Other		<u> </u>		
	other than inventory			1		
b	Less cost or other			į		
	basis & sales exps					
c	Gain or (loss)					
d		•				
8a	Gross income from fundraising events					
9	(not including \$					
9	of contributions reported on line 1c)			+		
&	See Part IV, line 18 a					
Other Revenue	Less direct expenses b					
ਰ c	Net income or (loss) from fundraising events	•				
	Gross income from gaming activities.					
	See Part IV, line 19 a					
ь	Less direct expenses b					
	Net income or (loss) from gaming activities	•				
	Gross sales of inventory, less					
1	returns and allowances a			1		
Ь	Less: cost of goods sold b					
	Net income or (loss) from sales of inventory	b				
<u> </u>	Miscellaneous Revenue	Busn. Code				
11a			326,227	326 227		
- 1	musdement services IUCOM6		320,221	326,227		
b b						<u> </u>
C	All other revenue					
d		<u> </u>				
	Total. Add lines 11a–11d	▶	326,227		·····	
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d	I, 8c,				
	9c, 10c, and 11e		3,129,531	3,095,317		34,214

Part iX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
D	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D)					
7t	, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	Management and general expenses	Fundraising expenses					
1	Grants and other assistance to governments and									
	organizations in the U.S. See Part IV, line 21									
2	Grants and other assistance to individuals in			······································						
	the U.S. See Part IV, line 22									
3	Grants and other assistance to governments,		·		***************************************					
	organizations, and individuals outside the									
	U.S. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	108,838	96,691	12,147						
6	Compensation not included above, to disqualified	200,000	30,031							
•	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	1								
7	Other salanes and wages	467,853	328,478	120 275						
8	Pension plan contributions (include section 401(k)	401,033	320,410	139,375						
J	and section 403(b) employer contributions)	57,669	A2 51A	15 15						
9	Other employee benefits	89,329	42,514	15,155						
10	• •	41,570	65,094	24,235						
_	Payroll taxes	41,3/0	30,097	11,473						
11	Fees for services (non-employees)	21 446								
a	Management	31,446		31,446						
b	Legal .	15,173		15,173						
С.	Accounting	11,700		11,700						
a	Lobbying									
е	Professional fundraising services See Part IV, line 17	<u> </u>								
f	Investment management fees									
g	Other	245,977	214,590	31,387						
12	Advertising and promotion									
13	Office expenses	53,889	43,201	10,688						
14	Information technology									
15	Royalties									
16	Occupancy .	30,811	22,663	8,148						
17	Travel .	105,908	84,342	21,566						
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	1,380,725	1,380,401	324						
20	Interest .									
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	39,160		39,160						
23	Insurance	11,239		11,239						
24	Other expenses Itemize expenses not									
	covered above (Expenses grouped together									
	and labeled miscellaneous may not exceed									
	5% of total expenses shown on line 25 below.)									
а	All other expenses	78,406	68,009	10,397						
b	Credit card fees	54,880		54,880						
С	Dues and publication	38,359	36,807	1,552						
d	· i									
е			· · · · · · · · · · · · · · · · · · ·		·					
f	All other expenses									
25	Total functional expenses. Add lines 1 through 24f	2,862,932	2,412,887	450,045						
26	Joint Costs. Check here Inf following			130,013						
	SOP 98-2. Complete this line only if the									
	organization reported in column (B) joint costs									
	from a combined educational campaign and fundraising solicitation									
					- 000					

P	art)	Balance Sheet			
	_		(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing	49,582	1	272,229
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	*Accounts receivable, net	4,350	4	60,099
	5	Receivables from current and former officers, directors, trustees, key			
		employees, or other related parties Complete Part II of Schedule L	_	5	
	6	Receivables from other disqualified persons (as defined under section		```	
	ł	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
	ŀ	Part II of Schedule L		_ 6	
şţ	7	Notes and loans receivable, net	102,548	7	153,405
Assets	8	Inventories for sale or use		8	
ä	9	Prepaid expenses and deferred charges	81,614	9	113,405
	10a				
	ь	Less: accumulated depreciation. Complete			
		Part VI of Schedule D 10b 210,158	142,021	10c	131,556
	11	Investments—publicly traded securities	-,	11	
	12	Investments—other securities. See Part IV, line 11		12_	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,924,804	15	3,060,570
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,304,919	16	3,791,264
i	17	Accounts payable and accrued expenses Grants payable	182,568	17	317,655
	18 19	Deferred revenue	705 005	18	011 851
	20	Tax-exempt bond liabilities	785,825	_19_	811,751
S	21	Escrow account liability Complete Part IV of Schedule D	·	20	
itie	22	Payables to current and former officers, directors, trustees, key		21	
Liabilities		employees, highest compensated employees, and disqualified			
Lia		persons Complete Part II of Schedule L		20	
	23	Secured mortgages and notes payable to unrelated third parties		22 23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	106,060	25	164,793
	26	Total liabilities. Add lines 17 through 25	1,074,453	26	1,294,199
es		Organizations that follow SFAS 117, check here ▶ X and	= / 0 / 1 / 100		
ဦ၂		complete lines 27 through 29, and lines 33 and 34.			
a	27	Unrestricted net assets	2,230,466	27	2,497,065
Ba	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	
Assets or Fund Balanc		Organizations that do not follow SFAS 117, check here ▶			
2		and complete lines 30 through 34.			
13	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
₽ B	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	2,230,466	33	2,497,065
-	34	Total liabilities and net assets/fund balances	3,304,919	34	3,791,264
Pa	rt X	Financial Statements and Reporting			
					Yes No
1		counting method used to prepare the Form 990.			
2a		re the organization's financial statements compiled or reviewed by an independent accountant	t?		2a X
D		re the organization's financial statements audited by an independent accountant?			2b X
Ç		'es" to lines 2a or 2b, does the organization have a committee that assumes responsibility for			
2~		audit, review, or compilation of its financial statements and selection of an independent according result of a federal award, was the organization required to undergo an audit or audit as audit as a continuous continuous and according to the organization required to undergo an audit or audit as a continuous continuous according to the organization required to undergo an audit or audit or a continuous co			2c X
Ja		a result of a federal award, was the organization required to undergo an audit or audits as set Single Audit Act and OMB Circular A-133?	וטועו ור		1, 1
b		es," did the organization undergo the required audit or audits?			3a X
_=					3b

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Ambulatory Surgery Foundation

Employer Identification number 86-0307698

Schedule A (Form 990 or 990-EZ) 2008

P	art I	Reas	on for Public Charity	Status (All organizations	must o	complet	e this	part.) (see ir	nstruc	tions)		
The	orga			e it is: (Please check only one o									
1	\Box			ociation of churches described in			(A)(i).						
2	П		cribed in section 170(b)(1)(
3	П			ce organization described in sec	tion 1700	b)(1)(A)(i	ii). (Atta	ch Sche	dule H.)			
4	П			d in conjunction with a hospital d							soital's name		
	_	city, and stat		•				(· /(· /(· · ·	,		opnaro namo,		
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
	_	section 170(b)(1)(A)(iv). (Complete Part II.)											
6				overnmental unit described in se	ection 17	0(b)(1)(A)	(v).						
7	П			substantial part of its support fro				om the	general	public			
			section 170(b)(1)(A)(vi). (Co						900.0.	pubc			
8				70(b)(1)(A)(vi). (Complete Part I	11.3								
9	X) more than 33 1/3 % of its supp		contributio	ons. mer	nbershir	fees a	and area	99		
				pt functions—subject to certain							33		
				d unrelated business taxable in									
				0, 1975. See section 509(a)(2).					-0				
10	\Box			exclusively to test for public safe				see inst	tructions	:)			
11	П			exclusively for the benefit of, to p						-,			
	_			ed organizations described in se						ection			
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III-Functionally Integrated d Type III-Other												
0	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified												
	persons other than foundation managers and other than one or more publicly supported organizations described in section												
	509(a)(1) or section 509(a)(2)												
f	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting												
		organization,	check this box										
g		Since August	t 17, 2006, has the organizat	on accepted any gift or contribu	ition from	any of the	•				•		_
		following per	rsons?										
		(i) A persor	n who directly or indirectly co	ntrols, either alone or together v	vith perso	ns descrit	oed ın (ıı)				Yes	No
		and (III)	below, the governing body of	the supported organization?							11g(i)		
		(ii) A famıly	member of a person describ	ed in (i) above?							11g(ii)		
		(iii) A 35% c	ontrolled entity of a person d	escribed in (i) or (ii) above?							11g(iii		
h		Provide the f	following information about the	ne organizations the organization	n support	s							
(i)	Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did y	ou notify	(vi)	ls the	(vII) Am	ount of	
	org	anization		(described on lines 1–9		sted in your		nization in	organizat		supp	ort	
				above or IRC section (see instructions))	governing	document?		of your oort?	1	zed in the S ?			
				(000 1110 1110 110 110 110 110 110 110 1	Yes	No	Yes	No	Yes	No			
					<u> </u>						·	_	
						<u></u>							
					<u> </u>								
		_											
otal						l	-		l				

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Sche	edule A (Form 990 or 990-EZ) 2008 Amb	ulatory S	Surgery Fo	undation	86	5-0307698	Page 2
P	art # Support Schedule for O	ganizations D	escribed in Se	ections 170(b)	(1)(A)(iv) and	170(b)(1)(A)(vi)	
	(Complete only if you che	ecked the box	on line 5, 7, or	8 of Part I.)			
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3	<u> </u>					
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	, ,					
6	Public support. Subtract line 5 from line 4	·		,			
_	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						· · · · · · · · · · · · · · · · · · ·
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on				-		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10	<u> </u>	<u> </u>	<u> </u>			
12	Gross receipts from related activities, etc	(see instructions)				12	
13	First five years. If the Form 990 is for the	organization's first	, second, third, fou	rth, or fifth tax year	as a section 501	c)(3)	
	organization, check this box and stop here			<u> </u>			
<u>Sec</u>	tion C. Computation of Public Su						
14	Public support percentage for 2008 (line 6	, column (f) dıvided	d by line 11, colum	n (f))		14	%_
15	Public support percentage from 2007 Sche	edule A, Part IV-A,	line 26f			15	
16a	33 1/3 % support test—2008. If the organi	ization did not che	ck the box on line '	13, and line 14 is 3	3 1/3 % or more, o	check this box	
	and stop here. The organization qualifies	as a publicly suppo	orted organization				▶ 📙
b	33 1/3 % support test—2007. If the organ	zation did not che	ck a box on line 13	or 16a, and line 1	5 is 33 1/3 % or m	ore, check this	
	box and stop here. The organization quali	fies as a publicly s	upported organiza	tion			▶ 📙
17a	10%-facts-and-circumstances test—2008	B. If the organization	on did not check a i	oox on line 13, 16a	a, or 16b, and line	14 is 10% or	
	more, and if the organization meets the "fa	cts-and-circumsta	nces" test, check th	nis box and stop h	ere. Explain in Pa	rt IV how the	_
	organization meets the "facts-and-circums	tances" test. The o	organization qualifie	es as a publicly sup	pported organization	on .	▶ 📙
b	10%-facts-and-circumstances test—200	7. If the organization	on did not check a	box on line 13, 16a	a, 16b, or 17a, and	line 15 is 10% or	
	more, and if the organization meets the "fa						. —
	organization meets the facts-and-circums		_			•	▶⊢
18	Private foundation. If the organization did	not check a box o	on line 13, 16a, 16b	, 17a, or 17b, che	ck this box and see	e instructions	. ▶ 📙

Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support	scred the box	OII lille 9 OI Fa	art 1.)			
	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
		(4) 255 .	1 12/2000	(9) 2000	(4) 2001	(0) 2000	(1) 10tai
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			774,304	1,820,073	2,764,164	5,358,541
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose		 	245,386	408,291	331,153	984,830
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5		<u> </u>	1,019,690	2,228,364	3,095,317	6,343,371
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000		 	234,878	385,868	299,857	920,603
С	Add lines 7a and 7b		 	234,878	385,868	299,857	920,603
8	Public support (Subtract line 7c from		-	784,812	1,842,496	2,795,460	
	line 6.)	<u>i</u>	<u>.L</u>	<u> </u>	L		5,422,768
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(=) 2000	(4) 2007	(-) 2000	(D. T-4-1
	Amounts from line 6	(a) 2004	(B) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10a	Gross income from interest, dividends,			1,019,690	2,228,364	3,095,317	6,343,371
iva	payments received on securities loans, rents, royalties and income from similar sources			31,132	13,951	34,303	79,386
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b			31,132	13,951	34,303	79,386
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,			1,050,822	2,242,315	3,129,620	
	and 12)	J					6,422,757
14	First five years. If the Form 990 is for the o organization, check this box and stop here	-	, second, third, four	rth, or fifth tax year a	s a section 501(c)((3)	. ▶□
Sec	tion C. Computation of Public Su	pport Percent	lage				
15	Public support percentage for 2008 (line 8,	column (f) divided	d by line 13, column	n (f))		15	84.4305 %
16	Public support percentage from 2007 Sche	dule A, Part IV-A,	line 27g		·	16	91.9502 %
Sec	tion D. Computation of Investmen	<u>it Income Per</u>	centage				
17	Investment income percentage for 2008 (lin	ne 10c, column (f)	divided by line 13,	column (f))		17	1.2360 %
18	Investment income percentage from 2007 S	3chedule A, Part I	V-A, line 27h			18	7.6550 %
19a	33 1/3 % support tests—2008. If the organ						<u>.</u> \
	17 is not more than 33 1/3 %, check this bo		= :	•	• • •		► X
b	33 1/3 % support tests—2007. If the organ						⊾ □
20	line 18 is not more than 33 1/3 %, check this Private foundation . If the organization did it		-	•			!
20	riivate iouliuation, ii tile organization did i	HOLGIECK & DOX 0	<u> </u>	DO, CHECK THS DOX AN	u see instructions		

Schedule A (F	orm 990 or 990-EZ) 2008					Page 4
Part IV	Supplemental Info Part II, line 17a or	ormation. Co 17b; or Part	mplete this part to III, line 12. Provid	provide the expla e any other addition	nation required by Part II, line 10; onal information. (see instructions)
	•					• •••
						•
•						
•						
						•
	••					
		•				
		•		•		
					•••	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. OMB No 1545-0047 Open to Public Inspection

vame	e of the organization		Employer Identification number							
Aı	mbulatory Surgery Foundation		86-0307698							
	ort I Organizations Maintaining Donor Advised Fur the organization answered "Yes" to Form 990,	nds or Other Similar Funds or Ad Part IV, line 6.	ccounts. Complete if							
		(a) Donor advised funds	(b) Funds and other accounts							
1	Total number at end of year									
2	Aggregate contributions to (during year)									
3	Aggregate grants from (during year)									
4	Aggregate value at end of year									
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised								
	funds are the organization's property, subject to the organization's exclu-	isive legal control?	Yes No							
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds may be								
	used only for charitable purposes and not for the benefit of the donor or	donor advisor or other								
	ımpermissible private benefit?		. Yes No							
Pŧ	art ii Conservation Easements. Complete if the orga	anization answered "Yes" to Form	m 990, Part IV, line 7.							
1	Purpose(s) of conservation easements held by the organization (check	all that apply)								
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically imp	portant land area							
	Protection of natural habitat	Preservation of certified historic s	tructure							
	Preservation of open space									
2	Complete lines 2a-2d if the organization held a qualified conservation of	contribution in the form of a conservation e	asement							
	on the last day of the tax year.									
			Held at the End of the Year							
а	Total number of conservation easements		2a							
b	Total acreage restricted by conservation easements		2b							
C	Number of conservation easements on a certified historic structure inclu	ided in (a)	2c							
d	Number of conservation easements included in (c) acquired after 8/17/0									
3	Number of conservation easements modified, transferred, released, ext	inguished, or terminated by the organization	on during							
	the taxable year 🕨									
4	Number of states where property subject to conservation easement is lo	ocated								
5	Does the organization have a written policy regarding the periodic moni	toring, inspection, violations, and								
	enforcement of the conservation easements it holds?		∐ Yes ☐ No							
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing									
7	Amount of expenses incurred in monitoring, inspecting, and enforcing e	asements during the year 🕨 💲								
8	Does each conservation easement reported on line 2(d) above satisfy the	ne requirements of section								
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıi)?		∐ Yes ☐ No							
9	In Part XIV, describe how the organization reports conservation easeme	·								
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that des	scribes							
×.	the organization's accounting for conservation easements	Historia I Taranana an Odhan C	::							
Pa	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to		olmilar Assets.							
—	Complete in the organization answered 103 to	or other sector, line o.								
4-	If the exercisation elected as permitted under CEAC 446, not to send to		A works of							
Ia	If the organization elected, as permitted under SFAS 116, not to report if art, historical treasures, or other similar assets held for public exhibition									
	provide, in Part XIV, the text of the footnote to its financial statements the		Jubiic Service,							
	provide, in trait xiv, the text of the loothole to its illiandal statements the	at describes triese terms.								
b	If the organization elected, as permitted under SFAS 116, to report in its	revenue statement and halance sheet wo	orks of art							
	historical treasures, or other similar assets held for public exhibition, ed									
	provide the following amounts relating to these items:	accusing or rescured in factoristation of publi								
	(i) Revenues included in Form 990, Part VIII, line 1		> \$							
	(ii) Assets included in Form 990, Part X		*							
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial cain, area								
-	following amounts required to be reported under SFAS 116 relating to the		nde uie							
а	Revenues included in Form 990, Part VIII, line 1	1636 IIGIII3.	b \$							
a	Assets included in Form 990, Part X		\$\$							
D	ABSOLO MIGUUEU III FUIII 330, FAIL A		*							

	edule D (Form 990) 2008 Ambulator	y Surgery For	undation		307698	Page 2				
	ert III Organizations Maintaining	Collections of Art,	<u>Historical Treas</u>	sures, or Other	Similar Ass	ets (continued)				
3	Using the organization's accession and other items (check all that apply):	records, check any of the	following that are a s	significant use of its	collection					
а	Public exhibition	d 🗌 Loan	or exchange prograr	ns						
b	Scholarly research	e 🗌 Other								
С	Preservation for future generations					_				
4	Provide a description of the organization's co	llections and explain how	they further the organ	nization's exempt p	urpose in					
5	Dunng the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No									
Pŧ	rt IV Trust, Escrow and Custod	ial Arrangements. C	complete if orga	nization answe	red "Yes" to					
40	Part IV, line 9, or reported									
ıa	Is the organization an agent, trustee, custodia included on Form 990, Part X?	an or other intermediary to	r contributions or other	er assets not		п п				
L	· •			••		∐ Yes ∐ No				
D	If "Yes," explain the arrangement in Part XIV	and complete the following	table							
_	Beginning balance					Amount				
۲ C	Additions during the year		•		1c					
u	Distributions during the year		• • • • • • • •		1d					
•	Ending balance		•		1e					
) 2a	Did the organization include an amount on Fo	200 Port V line 212	•	• •	[1f]					
	If "Yes," explain the arrangement in Part XIV	om 990, ran A, line 21?		••		∐ Yes ∐ No				
	Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.									
	Endownient I dies. Comp	(a) Current year	(b) Pnor year	(c) Two years back						
1a	Beginning of year balance	(a) ourient year	(b) Filor year	(C) I WO years back	(u) Tillee years	back (e) Four years back				
h	Contributions			ļ	-					
	Investment earnings or losses	-								
q	Grants or scholarships									
	Other expenditures for facilities									
·	and programs		,	<u> </u>	1					
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the year	and halance hold as:	I		<u>t</u>					
- а	Board designated or quasi-endowment	%								
b	Permanent endowment %	/								
c	Term endowment %									
3a	Are there endowment funds not in the posses	sion of the organization th	at are held and admi	nistered for the						
	organization by:	sion of the organization th	at are field and admi	instered for the		Yes No				
	(i) unrelated organizations					3a(i)				
	(ii) related organizations					3a(ii)				
b	If "Yes" to 3a(ii), are the related organizations	listed as required on Sche	edule R?			3b				
4	Describe in Part XIV the intended uses of the									
Pa	rt VI Investments—Land, Buildi). Part X. line 1	0.					
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or oth	ner (c) D	epreciation	(d) Book value				
1a	Land	<u> </u>								
	Buildings		 							
	Leasehold improvements									
	Equipment		2/1	,714	210,158	131,556				
	Other		241	, , T =	210,138	131,336				
_	. Add lines 1a–1e (Column (d) should equal F	orm 990 Part X column (F	3) line 10(c))			131,556				
	The state of the s	ooo, . area, wiaiiii (L	-,, 10(0)			131,336				

Schedule D (Form 990) 2008 Ambulatory Surgery Fou		86-0307698	Page 3
Part VII Investments—Other Securities. See Form 990	, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of v	
(including name of secunty)		Cost or end-of-year	market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other _'			
		<u> </u>	
	<u> </u>		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Related. See Form 990	, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of v	aluation
		Cost or end-of-year	market value
			-
			<u> </u>
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description			(b) Book value
Mmebership interest in F	ASA 1012		2,530,556
A/R Due From Related Par	ty		528,484
Security deposit			1,530
			···
			
			
			
	 		
Fatal (Caluma /h) should a surf Fam 200 F 1 // 1 /F)			
Fotal. (Column (b) should equal Form 990, Part X, col. (B) line 15) Part X Other Liabilities, See Form 990, Part X, line 25			3,060,570
Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability			
Federal income taxes	(b) Amount		
Accrued vacation liability	107 707		
Due to related party FASA 1012	107,787 57,006		
Due to related party PASA 1012	37,006		
otal (Column (h) should equal Form 000 Part V and (D) has 05	164 703		
otal. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	164,793		
n Part XIV, provide the text of the footnote to the organization's financial statem	ents that reports the organ	ization's liability for	
ncertain tax positions under FIN 48			

_	edule D (Form 990) 2008 Ambulatory Surgery Foundation 86-030769	8	Page <u>4</u>
Pa	art XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,129,531
2	Total expenses (Form 990, Part IX, ∞lumn (A), line 25)	2	2,862,932
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	266,599
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	·
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	266,599
P	art XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	<u>urn</u>	
1	Total revenue, gains, and other support per audited financial statements	1	3,129,531
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a 2a]	
þ	Donated services and use of facilities		
C	Recovenes of pnor year grants 2c] }	
d	Other (Describe in Part XIV)]	
e	Add lines 2a through 2d	28	
3	Subtract line 2e from line 1	3	3,129,531
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)	1 1	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)	5	3,129,531
Pa	art XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	Return	
1	Total expenses and losses per audited financial statements	1	2,862,932
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		-
а	Donated services and use of facilities 2a		
ь	Prior year adjustments 2b	1	
c		1	
d			
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,862,932
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)	1	
c	Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	2,862,932
	art XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b		
	2b; Part V, line 4, Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b		
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Schedule D (Fo	orm 990)	2008	P	dm	ula	to	ry	Sı	urg	je:	гy	F	ou	nda	at:	io	<u>n</u>				86	-0	30	76	98	_						age	e 5
Part XIV	Supp	<u>leme</u>	nta	<u>Info</u>	orma	atio	n (α	ontin	ued				_																				
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SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Employer Identification number

	Ambulatory Surger	A F.	oun	<u>aatic</u>	<u></u>			86-	<u> </u>	1/6	<u> </u>			
	xcess Benefit Transactions (section								Da '	/ !:	401			
10	be completed by organizations that answer	ea Ye	es on	rom 990	J, Part IV, I	ine 25	a or 250, or	rom 990-EZ,	rart \	v, iine	4Ub			
1	(a) Name of disqualified person						(b) Descnptio	n of transaction					orrect	
					 							Yes	+-	10
												<u> </u>	+	
	-											——	+	
													+	
					 					_			+	
.							 -			_			+	
under section	· · · · · · · · · · · · · · · · · · ·	_		·	•	lunng t	he year		▶ \$				\	
	nount of tax, if any, on line 2, above, reimbur			rganization	on <u>.</u>				▶ \$			_		
	oans to and/or From Interested P be completed by organizations that answer			Form 990	n Part IV. I	line 26	or Form 99	0-FZ Part V I	ine 38	Ra				
	me of interested person and purpose	(b) L	oan to	(c) Onginal			ance due		default?		•		Vntten
			m the zation?	princ	ipal amount				<u> </u>			ard or nittee?	agree	ment?
		<u> </u>	$\overline{}$						\	T	<u> </u>	_		Γ
		То	From						Yes	No	Yes	No	Yes	No
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Total						▶ \$								
	rants or Assistance Benefitting li													
To	be completed by organizations that answer	red "Ye	es" on	Form 990	0, Part IV, I	ine 27								
	(a) Name of interested person			(b) F	Relationship I		interested pe	rson and the	(c) Amoı	-	grant o	type (of
				_		orga	nization 		<u> </u>		assis	ance		
		_							<u> </u>					
														
				_										
				_ _			_		-	_		-		
									-					
Part IV B	usiness Transactions Involving I	ntere	sted	Person	ns		_		1					
	be completed by organizations that answer					ine 28a	a. 28b. or 28	Bc						
	a) Name of interested person			nship betwe			ount of	(d) Descn	ntics -	f trans	action			Sharing
(4	a) Name of interested person			person and			action	(d) Descri	puon o	ii (iaiis	action		of reve	org nues?
				nızatıon									Yes	T
CAROLYN LEA	ATHER	SIS	TER			-	2,672	TRAVEL	AND	CON	SUL	TIN		х
SHAWN BRYAN	T	SON					67,230		E					х
													1	1

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public Inspection

OMB No 1545-0047

Name of the organization

Ambulatory Surgery Foundation

Employer Identification number 86-0307698

Form 990, Part I, Line 6

Volunteers spoke at a variety of meetings and webinars, participated in charity event at annual meeting, served on committees and provided advice on ASC issues.

Form 990, Part VI, Line 2 - Related Party Information Among Officers

Carolyn Leather, sister of a key employee provided on-site meeting services

Shawn Bryant, son of a key employee and non voting member of the board is employed by the Foundation.

Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents YES-SEE ATTACHED AMENDMENT TO BY-LAWS. THE NAME OF THE ASSOCIATION CHANGED DUE TO A MERGER AND THE BY-LAWS WERE AMENDED TO REQUIRE A SPECFIED PERCENTAGE OF THE BOARD TO BE PHYICIANS.

Form 990, Part VI, Line 5 - Material Diversion of Assets

Yes, a key member of the accounting staff had fraudulently forged checks in
the aggregate amount of \$251,344 during the year ended December 31, 2008.

The amount is expected to be recovered through general liability insurance
and from the bank which released the funds.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members
YES, BY-LAWS ARE SUBJECT TO THE APPROVAL OF THE AMBULATORY SURGERY CENTER
ASSOCIATION, INC. BOARD OF DIRECTORS.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

Schedule O (Form 990) 2008

Name of the organization

Ambulatory Surgery Foundation

Employer identification number 86-0307698

YES, THE FOUNDATION BOARD OF DIRECTORS APPROVED THE SALARY AFTER RECEIVING INFORMATION ON OTHER SIMILARLY SITUATED ASSOCIATION EXECUTIVES, PERFORMANCE AND INFORMATION FROM A COMPENSATION COMMITTEE MADE UP OF TWO MEMBERS OF THIS BOARD AND TWO MEMBERS OF ANOTHER BOARD THAT SHARES EMPLOYEES.

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2	5	
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 B 17608 1		
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Open to Public Inspection Schedule R (Form 990) 2008 (F) Direct controlling 2008 Employer identification number (F) Direct controlling entity entity 86-0307698 (E)
Public chanty status
(if section 501(c)(3)) (E) End-of-year assets ▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. (D) Exempt Code section (D) Total income 501c 6 Related Organizations and Unrelated Partnerships (C)
Legal domicile (state or foreign country) (C)
Legal domicile (state
or foreign country) \$ See separate instructions. (B) Primary activity (B) Primary activity For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA Identification of Related Tax-Exempt Organizations 20-2266365 Ambulatory Surgery Foundation Identification of Disregarded Entities (A)Name, address, and EIN of related organization (A)Name, address, and EIN of disregarded entity Ambulatory Surgery Center Associati 22314 K K 1012 Cameron Street Department of the Treasury Internal Revenue Service Name of the organization Alexandria SCHEDULE R (Form 990) Part II Part

Page 2 (J)
General or managing partner? Yes No Schedule R (Form 990) 2008 Percentage ownership Code (V—UBI amount in box 20 of Schedule K-1 (Form 1065) end-of-year assets Share of <u>©</u> (H)
Disproportionate
alloc ? Yes No (G) Share of end-of-year assets Share of total income (F) Share of total income Type of entity (C corp, S corp, or trust) (E)
Predominant
income (related,
investment,
unrelated) Direct controlling 9 Identification of Related Organizations Taxable as a Corporation or Trust 86-0307698 (D)
Direct controlling entity Legal domicile Identification of Related Organizations Taxable as a Partnership foreign country) (state or (C)
Legal
domicile
(state or
foreign Schedule R (Form 990) 2008 Ambulatory Surgery Foundation Primary activity (B) Primary activity <u>@</u> Name, address, and EIN of related organization (A)
Name, address, and EIN of related organization Part III Part IV DAA

Schedule R (Form 990) 2008 Ambulatory Surgery Foundation

86-0307698

Page 3

Yes

19

#

4 4

Transactions With Related Organizations Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
 - **b** Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
 - Loans or loan guarantees by other organization(s)
- Sale of assets to other organization(s)
- Purchase of assets from other organization(s)
 - h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- i Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets

ξ

9

4

- n Sharing of paid employees
- Reimbursement paid to other organization for expenses 0
- p Reimbursement paid by other organization for expenses
- Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

olds.	(0)	on Amount involved
ansaction thresho	(B)	Transactio
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and tr	(A)	Name of other organization(s)

(1)	(2)	(3)

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Schedule R (Form 990) 2008		i	
			(9)
			(5)
-			

86-0307698

Page 4

Schedule R (Form 990) 2008 Ambulatory Surgery Foundation

Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets Part VI

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

,		Ī	1	1	1	1	1	ı	ı	I	t	1 -	∞
(H) General or managing partner?	N ₀) 200
Gene man part	Yes												rm 990
JBI 0x 20 9 K-1 65)													Schedule R (Form 990) 2008
(G) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)			<u> </u>					:					Schedu
ame of 8									<u> </u>				"
) intionate ions?	No		}										
(F) Disproportionate allocations?	Yes												
_													
(E) Share of end-of-year assets													
S S S				[]	 			<u> </u> 					
artners nn (3) tons?	ν							:	-				
(D) Are all partners section 501(c)(3) organizations?	Yes												
	1												
(C) Legal domicile (state or foreign country)													
Le _e (sta		1		-									
thvity													
(B) Pnmary activity				ļ									
<u> </u>													
										!			
ıţ						•					•		
(A) Name, address, and EiN of entity							!				i		
A)													
address									!				
Мате,	İ				l)
						i							

(8) (9) (10)

_Totals

AMBU7698 11/16/2009 6 54 PM					
Forms		ner Notes an	d Loans Receiv	able	1 2000
990 / 990-PF	For calendar year 2008, o	or toy year beginnin	9	and anding	2008
Name	For calendar year 2008, 0	n tax year beginnin	<u>y</u>		mployer Identification Number
Ambulatory S	urgery Foundation	on			6-0307698
Form 990, Pa	rt X, Line 7 - 1	Additional	l Information		
	Name of borrower			Relationship to disqua	lifted person
(1) LOC receiv	able from relate	ed party		Relationality to diagua	illieu persori
(2) Due from B.	ASC				
(3) Other rece	ivabl <u>es</u>				
(4)					
					
(7) (8)					
(9)					
(10)					
Original amoun		Maturity			Interest
Original amour borrowed	Date of loan	date		epayment terms	rate
(1)					
(2)					
(3)					
(4)					
<u>(5)</u>					
(6) (7)					
(8)					
(9)					
(10)					
Se	curity provided by borrower			Purpose of loa	an
(1)	conty provided by borrower			1 dipose of lot	<u></u>
(0)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)		_ 			
(10)					
\ <u></u>			-		
Conside	ration furnished by lender		Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)			90,000	45,00	0
(2)			12,548	10,03	9
(3)				98,36	6
(4)					
(5)					
(6) (7)		+ -			
<u> </u>					

102,548

153,405

AZ CORPORATION COMMISSION FILED

FEB 2 9 2008 FILE NO. 0098901-1

NON-PROFIT CORPORATION ARTICLES OF AMENDMENT Pursuant to A.R.S. §10-11006

1.	The n	ame o	the corporation is:					
	For	ımdatic	on for Ambulatory Surgery in America					
2.	Attac	hed he	eto as Exhibit A is the text of each amendment adopted.					
3.	The a	mendn	ent was adopted the 4th day of October, 2007.					
4.	The amendment was duly adopted by the act of (choose one):							
		0	the members					
		X	the board of directors (without member action and either member action was not required or members are not entitled to vote).					
5.	□ .		vith approval, in writing, by the person or persons so specified in the ration's Articles of Incorporation of bylaws.					
		Dated	ture: (Pursuant to ARS §10-3120(F)(G)) the Articles of Amendment must be executed by an officer of the corporation or the Chairman of the Board of Directors.)					
		Title:	Treasure/Secretary					
		Printe	d Name: DEBRIA L. STINCHCOMB					

EXHIBIT A

1. Article 1 of the Articles of Incorporation shall be amended to state:

"The name of the corporation is the Ambulatory Surgery Foundation." .



STATE OF ARIZONA CORPORATION COMMISSION

I hereby certify this to be a true and complete copy of the document **Red** in this office and admitted to record in File No.—0098907-\

ExecutivesUrrector

Dated: 9/22/2008

By:

у:__

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

• If you	rre filing for an Automatic 3-Month Extension, complete only Part I and check this box		▶ X
	tre filling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form		🖊 🔼
•	nplete Part II unless you have already been granted an automatic 3-month extension on a previously filed Fo	,	
Part I			
X 7F++ +	Tatomano o month Extension of time. Only dashint original (no dopies nodasa)	,-	
A corporat	on required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete	!	
Part I only			▶ ⊔
	rporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an exte income tax returns	ension of	
Electronic	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of t	ime to file	e
	returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8		
electronica	lly if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870	0, group	
returns, or	a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Page 2)	art II) of F	-orm
8868. For	nore details on the electronic filing of this form, visit www.irs gov/efile and click on e-file for Chanties & Nonpri	ofits.	
Type or	Name of Exempt Organization	Employ	er identification number
print		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
File by the	Ambulatory Surgery Foundation	86-0	307698
due date for	Number, street, and room or suite no. If a P.O box, see instructions.		
filing your	1012 Cameron Street		
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	Alexandria VA 22314		
Check typ	e of return to be filed (file a separate application for each return):		
X Forr	990 Form 990-T (corporation)		Form 4720
Forr	n 990-BL Form 990-T (sec. 401(a) or 408(a) trust)		Form 5227
For	n 990-EZ Form 990-T (trust other than above)		Form 6069
—	990-PF Form 1041-A		Form 8870
٠٠٠. سا			
Telepl If the o If this for the who	ne names and EINs of all members the extension will cover.	If this is	▶ □
	uest an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time		
	11/16/09 , to file the exempt organization return for the organization named above. The extension is	S	
tor t	ne organization's return for		
P	calendar year 2008 or		
▶ [tax year beginning , and ending		
2 If the	s tax year is for less than 12 months, check reason:	n accoun	nting period
3a If the	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,		· · · · · · · · · · · · · · · · ·
	any nonrefundable credits. See instructions.	3a	\$
_	s application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax	1	
	nents made Include any prior year overpayment allowed as a credit.	3ь	s
	nce Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,	1,37	
	sit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment		
· ·	em) See instructions	3с	s
	you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879		L *
	you are going to make an electronic turid withdrawar with this Form 6606, see Form 6455-20 and Form 6679 it instructions.	, 20	
	y Act and Paperwork Reduction Act Notice, see Instructions.		Form 8868 (Rev 4-2009)

Form 8868	(Rev. 4-2009)		Page 2
If you	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box		▶ X
Note. Only	complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 88	68.	
	are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).		
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no c	<u>opies</u>	needed).
Type or	Name of Exempt Organization En	nploye	r identification number
print			
File by the	Ambulatory Surgery Foundation 8	<u>6-0:</u>	307698
extended due date for	1	r IRS ı	use only
filing the	1012 Cameron Street		
return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
Instructions	Alexandria VA 22314		
	e of return to be filed (File a separate application for each return):		
X For	n 990		Form 6069
Forr	n 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 4720		Form 8870
	n 990-EZ Form 990-T (trust other than above) Form 5227		
	not complete Part II if you were not already granted an automatic 3-month extension on a previously filed F	orm 8	868
The be	ooks are in the care of KATHY BRYANT		
Teleph	none No. ► 703-836-8808 FAX No ►		
f the c	organization does not have an office or place of business in the United States, check this box		▶ 📙
If this	s for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is		
for the who	ole group, check this box If it is for part of the group, check this box and	attach	a
	e names and EINs of all members the extension is for.		
4 I rec	uest an additional 3-month extension of time until 11/16/09		
5 For	calendar year 2008, or other tax year beginning, and ending		
6 If the	s tax year is for less than 12 months, check reason 🔝 Initial return 🥛 Final return 🔲 Change in a	ccount	ing penod
7 Stat	e in detail why you need the extension		
Ad	ditional time is requested to gather information to pre	par	e a complete
an	d accurate return.	•	
8a If the	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,		
less	any nonrefundable credits. See instructions	8a	\$
b If the	s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		
estır	nated tax payments made Include any pnor year overpayment allowed as a credit and any		
amo	unt paid previously with Form 8868.	8b	\$
c Bala	nce Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit		
with	FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$
	Signature and Verification		
Under perial	ties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my kno rect, and complete, and that I am authorized to prepare this form	wledge	and belief,
Signature 1	Title > CPA		Date > 11/16/09

Form **8868** (Rev 4-2009)